



QUESTIONNAIRE
Application For Funding From The City Council

1. ABOUT THE PROGRAM

a. Name of Program _____

Mailing Address _____

Contact Person _____ Phone _____

b. How long has this program been offered to the community?

c. Brief description of the program: _____

d. Is this program:

() Year round

() Semi-annual What months: _____

() Quarterly () Spring () Summer () Fall () Winter

() Other _____

1. ABOUT THE PARTICIPANTS

a. Total number of participants the program benefits in the community. _____

b. What age group(s) participates in this program? _____

3. HOW THE PROGRAM IS ADMINISTERED

a. How is this program run? () Volunteer efforts () Paid Staff

b. Please itemize duties of volunteers. _____

c. Please list function of any paid staff. _____

d. Is there an appreciation banquet or something similar done to show appreciation for the efforts of the volunteers? _____

If so, how is it paid for? _____

4. ABOUT FUNDING

a. How much is being requested from the City? _____

b. When is the money needed? _____

c. How will it be spent? _____

d. The program receives funding from the following additional sources:

() Fundraising efforts

() Participant fees

() Contributions from individuals and businesses

() Contributions from other governmental entities (other towns, County, etc)

e. If participant fees are charged, are there scholarships for individuals who cannot afford to pay? _____

f. What fundraising events do you hold? _____

g. When do you anticipate fundraising events to be held? _____

h. What is the greatest need of your program? _____

Signature and Date

Title (if any)

FINANCIAL INFORMATION

Revenue

Please itemize all _____ sources of revenue and total amounts (i.e. sponsorship, fees and donations, fundraisers, City, town, County or other donations) Please be specific:

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Expenditures

Please itemize all _____ expenditures:

[illegible]

Did you end your season with a profit? _____ a deficit? _____ Amount _____

PROGRAM OFFICERS

Please list the names, addresses (mailing and residential), phone numbers and offices held of all board members.

1. Office held: _____
Name: _____ Phone: _____
Address: _____

2. Office held: _____
Name: _____ Phone: _____
Address: _____

3. Office held: _____
Name: _____ Phone: _____
Address: _____

4. Office held: _____
Name: _____ Phone: _____
Address: _____

5. Office held: _____
Name: _____ Phone: _____
Address: _____

